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**ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

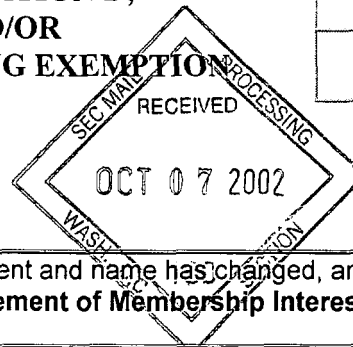
**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL	
OMB Number: 3235-0076	
Expires: November 30, 2001	
Estimated average burden hours per response.. 1	

**FORM D**

**NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION**

SEC USE ONLY		
Prefix		Serial
DATE RECEIVED		



**PROCESSED**

P OCT 10 2002

**THOMSON  
FINANCIAL**

Name of Offering (check if this is an amendment and name has changed, and indicate change)  
**August Funding Group, LLC Private Placement of Membership Interests**

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☒ Section 4(6) ☐ ULOE

Type of Filing: ☒ New Filing ☐ Amendment



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*W*



2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

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Check Box(es) <input checked="" type="checkbox"/>	Promoter <input checked="" type="checkbox"/>	Beneficial <input type="checkbox"/>	Executive <input type="checkbox"/>	Director <input checked="" type="checkbox"/>	General and/or Managing Partner
that Apply:					

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Full Name (Last name first, if individual)

**AmericanFone, LLC, a California limited liability company**

Business or Residence Address (Number and Street, City, State, Zip Code)

**8730 Sunset Boulevard, Suite 700, Los Angeles, California 90069**

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Check Box(es) <input type="checkbox"/>	Promoter <input checked="" type="checkbox"/>	Beneficial <input checked="" type="checkbox"/>	Executive <input type="checkbox"/>	Director <input type="checkbox"/>	General and/or Managing Partner
that Apply:					

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Full Name (Last name first, if individual)

**Gordon, Richard j.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**8730 Sunset Boulevard, Suite 700, Los Angeles, California 90069**

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Check Box(es) <input type="checkbox"/>	Promoter <input type="checkbox"/>	Beneficial <input checked="" type="checkbox"/>	Executive <input type="checkbox"/>	Director <input type="checkbox"/>	General and/or Managing Partner
that Apply:					

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Full Name (Last name first, if individual)

**Hickox, Gary**

Business or Residence Address (Number and Street, City, State, Zip Code)

**8730 Sunset Boulevard, Suite 700, Los Angeles, California 90069**

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Check Box(es) ☐ Promoter ☐ Beneficial ☒ Executive ☐ Director ☐ General and/or  
that Apply: Owner Officer Managing  
Partner

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Full Name (Last name first, if individual)  
**Dillard, Warren**

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Business or Residence Address (Number and Street, City, State, Zip Code)  
**8730 Sunset Boulevard, Suite 700, Los Angeles, California 90069**

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Check Box(es) ☐ Promoter ☒ Beneficial ☐ Executive ☐ Director ☐ General and/or  
that Apply: Owner Officer Managing  
Partner

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Full Name (Last name first, if individual)  
**Four Star Financial Services, LLC, a California limited liability company**

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Business or Residence Address (Number and Street, City, State, Zip Code)  
**11755 Wilshire Blvd., Ste. 1350, Los Angeles, CA 90025**

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**(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)**

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**B. INFORMATION ABOUT OFFERING**

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1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No  
[ ] [x]

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$ 10,000\*

**\*may be waived in the Issuer's discretion**

3. Does the offering permit joint ownership of a single unit?..... Yes No  
[x] [ ]

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

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Full Name (Last name first, if individual) **None**

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Business or Residence Address (Number and Street, City, State, Zip Code):

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Name of Associated Broker or Dealer

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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... [ ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ .....	\$ .....
Equity .....	\$ .....	\$ .....
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$ .....	\$ .....
Partnership Interests ( <b>Pref. Units of Membership Interest</b> ) .....	\$ <b>45,000</b>	\$ <b>0</b>
Other (Specify: .....)	\$ .....	\$ .....
Total .....	\$ <b>45,000</b>	\$ <b>0</b>

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	<b>0</b>	\$ <b>0</b>
Non-accredited Investors .....	<b>0</b>	\$ <b>0</b>
Total (for filings under Rule 504 only) .....	<b>n/a</b>	\$ <b>n/a</b>

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505 .....	<b>n/a</b>	\$ <b>n/a</b>
<u>Regulation A</u> .....	<b>n/a</b>	\$ <b>n/a</b>
Rule 504 .....	<b>n/a</b>	\$ <b>n/a</b>
Total .....	<b>n/a</b>	\$ <b>n/a</b>

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input type="checkbox"/> \$	
Printing and Engraving Costs .....	<input checked="" type="checkbox"/> \$	100
Legal Fees .....	<input type="checkbox"/> \$	
Accounting Fees .....	<input type="checkbox"/> \$	
Engineering Fees .....	<input type="checkbox"/> \$	
Sales Commissions (specify finders' fees separately) .....	<input type="checkbox"/> \$	
Other Expenses (identify)... <b>("Blue Sky" Filing Fees)</b> .....	<input checked="" type="checkbox"/> \$	150
Total .....	<input checked="" type="checkbox"/> \$	250

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... **\$ 44,750**

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Purchase of real estate .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Repayment of indebtedness .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Working capital .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Other (specify): .....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Investment in contract rights .....	<input checked="" type="checkbox"/> \$ 44,750	<input type="checkbox"/> \$
Column Totals .....	<input checked="" type="checkbox"/> \$ 44,750	<input type="checkbox"/> \$
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> \$ 44,750	


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**D. FEDERAL SIGNATURE**

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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

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Issuer (Print or Type) <b>August Funding Group, LLC</b>	Signature 	Date <b>Sept. 10, 2002</b>
Name of Signer (Print or Type) <b>Warren Dillard</b>	Title of Signer (Print or Type) <b>Secretary and Treasurer of AmericanFone, LLC, Manager of the Issuer</b>	

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**ATTENTION**

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**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)**

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